

IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF ALABAMAAppellant

DIVISION

2008 MAR 28 A 9:33

ROGER REEVESDEBRA P. HACKETT, CLERK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

1:07 CV 616 -MHT

Plaintiff(s)

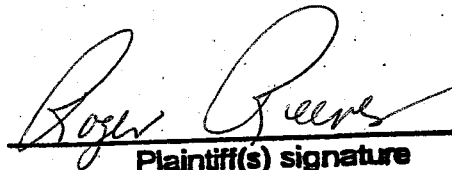
v.

DSI SECURITY SERVICES,
et al,

Defendant(s)

MOTION TO PROCEED IN FORMA PAUPERISPlaintiff(s) ROGER REEVES

moves this Honorable Court for an order allowing her/him to proceed in this case without prepayment of fees, costs, or security therefor, and for grounds therefor submits the attached sworn affidavit in support of the motion.



Plaintiff(s) signature

AO 240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

District of

Roger Reeves
Plaintiff

V.

DSI SECURITY SERVICES,
ET AL.
Defendant

2008 MAR 28

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT
DEBRA P. HASKETT
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

CASE NUMBER: 1:07 CV 616-MHT

I, Roger Reeves declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?
- ☐
- Yes
- ☒
- No (If "No," go to Part 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?
- ☒
- Yes
- ☐
- No

- a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

395 \$/WEEKLY

DSI SECURITY SERVICES
600 WEST ADAM STREET
MOTHAN, AL 36303

- b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

b 240 Reverse (Rev. 10/03)

Received 585 Disability Payment

4. Do you have any cash or checking or savings accounts?

☒ Yes☐ NoIf "Yes," state the total amount. \$5,0005. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

\$100 MONTH MOTHER	27,000 Student
224 recently acquired Rent Payment	Loan Debt to
1025 recently acquired Debt (Hospital Debt) be paid ON	
1200 Debt Paying ON	
950 Hospital Debt Paying ON	

I declare under penalty of perjury that the above information is true and correct.

3/26/08
DateRoger Greer
Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Motion for Permission to Appeal In Forma Pauperis and Affidavit

RECEIVED
United States Court of Appeals for the Eleventh Circuit

2008 MAR 28 A 9:33

Court of Appeals No. 11

District Court No. ALABAMA MIDDLE DISTRICT

v.

DEBRA P. HACKETT, CLERK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

Instructions: Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: 3/26/08

Signed: [Signature]

My issues on appeal are:

- For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semi-annually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>1040</u>	\$ _____	\$ <u>1040</u>	\$ _____
Self-employment	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ _____	\$ _____	\$ _____	\$ _____
Interests and dividends	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child support	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as Social Security, pensions, annuities, insurance)	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as Social Security, insurance payments)	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ _____	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>1040</u>	\$ _____	\$ <u>1040</u>	\$ _____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
DSI	600 West Adams St. DOLLAR, AL 36303	2/2002 - Present	1040
Wardner ENT, Inc.	ATLANTA, GA	6/1999 - 8/2000	4166
Southern Ductile	B'HAM, AL	7/1998 - 5/1999	3666

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Enterprise Bank & Trust	SAVING	\$ 4,000	\$ _____
Compass Bank	SAVING	\$ 1,000	\$ _____
		\$ _____	\$ _____

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other Real Estate (Value)	Motor Vehicle #1 (Value)
		Make & Year: _____
		Model: _____
		Registration #: _____
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
		Make & Year: _____
		Model: _____
		Registration #: _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse

7. State the persons who rely on your or your spouse for support.

Name	Relationship	Age
FANNIE M. REEVES	MOTHER	77
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
For home-mortgage payment (include lot rented for mobile home)	\$ 224	\$ _____
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ 140	\$ _____
Clothing	\$ 60	\$ _____
Laundry and dry-cleaning	\$ 10	\$ _____
Medical and dental expenses	\$ _____	\$ _____
Transportation (not including motor vehicle payments)	\$ 60	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)	\$ _____	\$ _____
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ 66	\$ _____
Health	\$ 88	\$ _____
Motor Vehicle	\$ 33	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ _____	\$ _____
Installment payments	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Credit card (name): MASTER CARD	\$ 100	\$ _____
Department store (name): _____	\$ _____	\$ _____
Other: HOSPITAL	\$ 50	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): MOTHER	\$ 100	\$ _____
Total monthly expenses	\$ 931	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☐ No If yes, how much: \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☒ Yes ☐ No If yes, how much? \$?

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

NEW DEBT PAYMENT AND NEWLY ACQUIRED RENT PAYMENT

13. State the address of your legal residence.

B-12 Chattahoochee Court
EUMAUH, ALA. 36027

Your daytime phone number: (334) 687-7336

Your age: 56 Your years of schooling: 4

Your Social Security number: 420-76-3519